

## **Temporary Food Establishment Permit Application**

Lincoln-Lancaster County Health Department - Food Safety Program 3131 "O" Street, Lincoln, NE 68510 Telephone 402-441-6280, Fax 402-441-6206

## Application must be received 30 days prior to event

	Please print) pplicant Name	DOB		_Phone					
Start Date	ast, first, middle initial)		(Date of Birth)						
Complete list of Food to be sold (required):  Type of Permit (check one):  Single Event Temporary – Maximum 14 days. Food is prepared on-site or in licensed facility; m include potentially hazardous food. Food manager must be indicated on this application and have a list of all handler with permits available when operating.  Annual Temporary - Each event is 14 days or less. Food service can be set up at numerous locat and/or dates throughout the permit year. Food manager(s) must be listed on this application and vendor mus a list of all food handler with permits available when operating. Permit is valid for 12 months from date of issues the set of all food service. Each vertically the service of the service is service is a valid Nebraska Food Permit.  Temporary food service is with a:  Lincoln Food Establishment? YES NO Establishment Name  Non-profit Organization? YES NO Organization Name  Nebraska Department of Agriculture Food Permit? YES #	plicant AddressZip Code								
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Nebraska Department of Agriculture Food Permit? YES #NO N/A (non-partment)	•	) Establishment	Name						
	Non-profit Organization? YES NO	Organization Nar	ne						
Do you need a temporary permit for outside Lancaster County? YES NO ALREADY HAVE	If "NO" then a onetime permit fee mu	nust also be include	d for a Nebraska S	State Food Pe	ermit.				
Food Manager(s) Name Manager Permit Number Expiration	Food Manager(s) Name	Ма	nager Permit Num	nber	Expiration				

**Lincoln Food Code 8.20.190 requires all employees to have valid food manager/handler permits**. Food Handler permit information available at <a href="https://www.lincoln.ne.gov">www.lincoln.ne.gov</a> search "Food" or call 402-441-6280 during office hours.

Will you be using Volunteer Temporary Food Servers? YES NO
Temporary Food Servers: LLCHD by policy allows that temporary volunteer food servers not preparing food, to be exempted from food handler permit requirements if they are trained as pre-approved by LLCHD, have no bare hand contact of foods, sign a "Temporary Food Server Roster" verifying training, and sign a "Required Illness Affirmation" form verifying that the server has not had vomiting or diarrhea within 48 hours of working at the temporary event. For more information and forms, contact the Food Safety Program at 402-441-6280.

## **Lincoln Temporary Food Establishment Permit Application**

**A commissary** is required if temporary is not complete standalone operation for all food preparation, food storage, and/or cleanup. **Is the commissary a licensed food establishment?** YES NO

Commissary location used for food preparation, food storage, and/or cleanup:

Permi	t Type: Ch	neck a	ll that apply	, call 40	2-441-6280	0 for assista	ance with	calculating	fees if needed.
	Single Ev	vent 1	Temporary	(1 to 14	days)				
	\$1	65	regular	-					
	\$8				lishment or				
			orary (mult	iple eve	nts over 1	2 months)			
		00	regular						
	\$2		non-profit						
			- Must atta	ach list	of all food	vendors			
	\$1	85	1 to 5 ven						
	\$3	70	6 to 10 ve						
	\$5	55	11 to 15 v						
	\$7	40	16 to 20 v	endors					
			pplicable: State Food	Permit F	- ee (onetim	ne fee)			
	State fee	s for	operating (	outside	Lancaster	County for	r initial r	permits only	1
						-	-	uly by State)	•
		_		_					
					ccepted in	the Food	Safety F	Program Off	ice.
Make	-	-	to "LLCH						
	Send to:		Lincoln-Lan	caster C	County Hea	lth Departm	nent		
			Food Safety	y Progra	m				
			3131 "O" Si						
			Lincoln, NE						
			,						
Feder	al ID#								
Signat	ure of Ap	plica	nt:					Date	
o.g.i.a.	. а. о о . 7 ф	p.i.ou.							
Electro	nic Funds T	ransfe	r Notification	: When yo	ou provide a c	heck as paym	ent, you a	uthorize us eith	er to use the information
from you	ur check to m	nake a	one-time elec	tronic func	d transfer from	n your accoun	t or to proc	ess the payme	nt as a check transaction.
									from your account as
soon as	the same da	ay you i	nake your pay	yment, and	d you will not	receive your o	check back	from your finar	ncial institution.
Revised	: August 30,	2019							
Healtl	n Departme	ent Us	e Only						
Permi	t #HFE			_: _	New	Reissue:		Mail	Hand-deliver
EHS:_			EPH F	Review:		Food Mar	nager Ver	ified by	
Amou	nt received	\$		;	; Payment M	lethod		Posted	
Permi	t: lar	ninate	d; Given to	EHS	_ or mailed	/	/	By	
	Application	scanr	ned into esta	blishmen	t's permit file	Э			